•	MIS	SO	URI	DI	VIS	ION OF HEA	LTH — STAND	ARD CE	RTIFICATE O	F DEATH	• -	-63-	-00	2571
DEPARTMENT OF PL					DLIC Re	HEALTH AND Wigistration District No	ELFASE / 1 Prim	ary Registration	District No. 51	81_Registrar's No.	12	STATE	FILE NUA	ABER
DO NOT WRI	TE JB	AM	ENDED	•	_		AN 1 8 1963							
VS 300	1 1	<u> </u>	1 1	1 .	1.	PLACE OF DEATH				2. USUAL RESIDEN				
Rev. 4/59	,	AMENDED					M1891831pp1 rporate limits, give TOWNS	HIP only)	Length of stay in 1b	a. CITY.	sourt cou	Missi	8 31 pp	1 admission)
		<u> </u>	1 [~ 1.		OR TOWN	Charleston	,	30 yrs.	OR TOWN	Charle	eton		Inside Limits Yes No 1
1067	الم	₹		,	_		NOT in hospital, give locat	ion)	Inside Limits	d. STREET ADDRESS		outside, give location	on)	Reside on Farm
30670	— ()	NAIL		1	I	HOSPITAL OR INSTITUTION	Route 2		Yes No 😰	ADDRESS	Route			Yes ∑ No □
3		-	$\dagger \dagger$	 	3.	NAME OF DECEASED	First		Middle	Last	4. DATE	Month	Day	Year
						(Type or print)	Ton		Cart	thell	OF DEATH	Jan. 9,	1963	ļ
<u> </u>					5.	SEX Male	6. COLOR OR RACE	7. Married (Widowed [8. DATE OF BIRTH 8/28/1891	1	irthday) IF UNDER Months	Days	IF UNDER 24 HR Hours Min.
5 /	_				102	USUAL OCCUPATION	(Give kind of work done	,	BUSINESS OR INDUSTR'		ity and state or o	country) 12. CtTI	ŽEN OF V	WHAT COUNTRY
6	\$!!		during most of workin	ng life, even if retired)			Trenton,	•	, , , , , , ,	USA	
7. /	_[음[Ì		1	13a	. FATHER'S NAME		13b. M	OTHER'S MAIDEN NAM	_		ME OF HUSBAND C		
8 Z	<u>-</u> Ē			e C	15.	Tom Carth	nell, Sr. IN U.S. ARMED FORCES?	16. SC	Unknown	17. INFORMANT	N	ellie Car	thell	<u> </u>
0.4.4.	- X				(Ye	s, no, ontinknown) j (if	yes, give war or dates of s	ervica		Mrs. Nelli	e Carthel		,Char	leston Mo
°163)	X- \\			F.	T	18. CAUSE OF DEATH	(Enter only one cause per DEATH WAS CAUSED BY:	line	ľ	0 0			INT	ERVAL BETWEEN
10	_ e	_		ME		· FARI	IMMEDIATE CAUSE (a)	Car	cenoma	of lun	9			monthe
11		<u> </u>		ΩO						0	1			
1290-		EA EA		ă,			ns, if any, DUE TO (b)			<u> </u>	·	+	
10-	O_los I.	2		_	' .	above of stating t	cause (a), } the under-						1	
13/-2		≟	-								•		ı	
13/-0	_ F	=		N	z		ause last. J DUE TO (c	ONDITIONS CO	NTRIBUTING TO DEAT	'H but not related to	the terminal			was female was
13/-0	=			1	ATION		ause last. J DUE TO (c . OTHER SIGNIFICANT CO disease condition given in	ONDITIONS CO	NTRIBUTING TO DEAT	'H but not related to	the terminal	there a	pregnan	cy in last 90 days.
13/-0	No S			1	IFICATION	PART II.	OTHER SIGNIFICANT Co disease condition given in	ONDITIONS CO				there a	pregnan	cy in last 90 days. lo Unknown
13/-0	No S			1	CERTIFICATION	PART II. 19. WAS AUTOPSY PERFORMED?;	OTHER SIGNIFICANT CO	ONDITIONS CO		H but not related to		there a	pregnan	cy in last 90 days. lo Unknown
· · · · ·	ENDMENTS ON TI				CAL CERTIFICATION	PART II. 19. WAS AUTOPSY PERFORMED?; YES. NO TO THE OF HOU	OTHER SIGNIFICANT Co disease condition given in	ONDITIONS CO				there a	pregnan	cy in last 90 days. lo Unknown
· · · · ·	ENDMENTS ON TI					PART II. 19. WAS AUTOPSY PERFORMED? YES NO TO	OTHER SIGNIFICANT Codisease condition given in disease condition given in 20a. ACCIDENT SUICIDE Month, Day, Year	PART I (a)	20b. DESCRIBE HO	W INJURY OCCURRED	. (Enter nature of	injury in PART I or	PART II	icy in last 90 days. Io Unknown of item 18.)
INK BBON	ENDMENTS ON TI				MEDICAL CERTIFICATION	19. WAS AUTOPSY PERFORMED?; YES—1. NO TO INJURY e.m.	OTHER SIGNIFICANT CO	ONDITIONS CO		W INJURY OCCURRED	. (Enter nature of	there a	PART II	cy in last 90 days. lo Unknown
INK RIBBON	AMENDMENTS ON T					PART II. 19. WAS AUTOPSY PERFORMED? YES NO EX 20c. TIME OF Hour INJURY a.m. p.m.	OTHER SIGNIFICANT CO	ONDITIONS CO	20b. DESCRIBE HO	W INJURY OCCURRED	. (Enter nature of LOCATION	injury in PART L'or	PART II	lo Unknown of item 18.)
INK RIBBON	AMENDMENTS ON T			of the second se		19. WAS AUTOPSY PERFORMED?; YES—1. NO TO INJURY e.m.	OTHER SIGNIFICANT Codisease condition given in 20s. ACCIDENT SUICIDE Month, Day, Year 20c. PLACE farm, f.	OF INJURY (e.g.	20b. DESCRIBE HO	W INJURY OCCURRED. 20f. CITY, TOWN, OR	LOCATION	injury in PART I or COUNT	PART III	cy in last 90 days. Io Unknown of item 18.) STATE - 6 2
INK RIBBON	AMENDMENTS ON T	READ		A The second sec		PART II. 19. WAS AUTOPSY PERFORMED? YES	OTHER SIGNIFICANT Codisease condition given in 20s. ACCIDENT SUICIDE Month, Day, Year 20s. PLACE farm, for the code of the cod	ONDITIONS CO	20b. DESCRIBE HO	W INJURY OCCURRED. 20f. CITY, TOWN, OR 2 6 - 6 2 and 1e date stated above, a	LOCATION	injury in PART I or COUNT	PART III	STATE - 6 2 uses stated.
INK RIBBON	AMENDMENTS ON T	READ		IT OF		PART II. 19. WAS AUTOPSY PERFORMED? YES	OTHER SIGNIFICANT Codisease condition given in 20s. ACCIDENT SUICIDE Month, Day, Year 20s. PLACE farm, for the code of the cod	ONDITIONS CO	20b. DESCRIBE HO	20f. CITY, TOWN, OR 2 6 - 6 2 and 2 date stated above, a	LOCATION	injury in PART I or COUNT	PART III	cy in last 90 days. Io Unknown of item 18.) STATE - 6 2
BLACK INK OR RITER RIBBON	AMENDMENTS ON T	SHOULD READ		Ĭ,	MEDICAL	PART II. 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO EX 20c. TIME OF Hour INJURY a.m. p.m. 20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT W. 21. I attended the dec Death occurred at 22a. SIGNATURE	OTHER SIGNIFICANT Codisease condition given in 20s. ACCIDENT SUICIDE Month, Day, Year 20s. PLACE farm, for york 123b, DATE	ONDITIONS CO	20b. DESCRIBE HOTELES, in or about home, ffice bldg., etc.) 2 to 6 - m on the formation of the first state	20f. CITY, TOWN, OR 2 6 - 6 2 and 2 date stated above, a 22b. ADDRSSS	LOCATION I last saw him aliend to the best of	COUNTY The on County	PART III	STATE STATE 22c. DATE SIGNED (State)
INK RIBBON	AMENDMENTS ON T	NO. SHOULD READ		FFIDAVIT	WEDICAL	PART II. 19. WAS AUTOPSY PERFORMED?; YES. NO THE OF HOUTINJURY a.m. p.m. 20d. INJURY OCCURRE WHILE AT WORK, NOT WHILE AT WORK, NOT WHILE AT W. 21. I attended the dec Death occurred at 22a. SIGNATURE 3. BURIAL, CREMATION, REMOVAL (Specify)	Month, Day, Year Month, Day, Year 20e. PLACE farm, for the part of the part	OF INJURY (e.goctory, street, of 8:30	20b. DESCRIBE HOTEL, in or about home, ffice bidg., etc.) 2 to 6 - 4 o m on the correction of the cor	20f. CITY, TOWN, OR 2 6 - 6 2 and the date stated above, a 22b. ADDRESS EMATORY 2 2 2 2 2 2 2 2 2 2 2 2 2	LOCATION I last saw him alied to the best of the best	COUNTY The on the county of th	PART III	STATE STATE 22c. DATE SIGNED (State)
INK RIBBON	AMENDMENTS ON T	SHOULD READ		Ĭ,	MEDICAL	PART II. 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO EX 20c. TIME OF Hour INJURY a.m. p.m. 20d. INJURY CCURRE WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT W. 21. I attended the dec Death occurred at 22a. SIGNATURE 22a. SIGNATURE 3. BURIAL, CREMATION, REMOVAL (SAPERITY) BURIAL	OTHER SIGNIFICANT CO disease condition given in 20s. ACCIDENT SUICIDE Month, Day, Year 20c. PLACE farm, for 20s. DATE 1/13/63	ONDITIONS CO	20b. DESCRIBE HOTEL, in or about home, ffice bldg., etc.) 2 to 6 — m on the of cemetery or created as Grove Cemetery of Care Care Care Care Care Care Care Care	20f. CITY, TOWN, OR 2 6 - 6 2 and 2 date stated above, a 22b. ADDRSSS	LOCATION I last saw him alied to the best of the best	COUNTY The on County	PART III	STATE - 6 2 uses stated. 22c. DATE SIGNED (State)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	s recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Signed Edward A. Ruffin
Signature of Student Embalmer	Licensed Embalmer No.
	P. O. Address Cairo, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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met received 1-13-63

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